



## Biological weapons threat leads to inoculations for sailors

Although the threat posed by biological weapons such as anthrax is deemed low, Canadian military personnel serving in the Arabian Gulf are being protected against anthrax through an immunization program involving 6 inoculations over 18 months. The anthrax vaccine does not provide full protection with the first shot; further needles are required at 14 and 28 days, and these are followed by booster shots 6, 12 and 18 months later. The vaccine takes full effect about 28 days after the initial inoculation; until that time, sailors also receive doxycycline.

"The best cure for anthrax is prevention," said Lieutenant-Commander Heather MacKinnon, the physician aboard the frigate HMCS *Toronto*. MacKinnon, a 1988 Dalhousie graduate, says inoculation and

Master Corporal Steve Roy photo



Lieutenant-Commander Heather MacKinnon, a physician, talks to crew members from the HMCS *Toronto* prior to their inoculation

the doxycycline provides ample protection for the ship's 239 crew members, although "they may be required to recommence taking the antibiotic if the threat increases." [One military airman, who was not from the *Toronto*,

refused to be inoculated. He was flown back to Canada, where he will likely face disciplinary measures. — Ed.]

The ship has been in the Gulf since early March as part of a multinational operation to pressure Iraq into allowing UN inspectors to carry out their procedures. Since then, MacKinnon and her 2 medical assistants have also been inoculating the crew against common diseases found in the Middle East. They have also provided advice to the ship's diving team and established links with medical officers from other navies operating in the area. As well, they have been educating

crew members about the need to protect themselves from the sun's rays while working on the *Toronto's* upper decks. The ship is scheduled to return to Halifax this spring. — Lieutenant (N) *Jacques Fauteux*

## Emergency medicine's reach expands

More than 2000 delegates from 34 countries attended the International Conference on Emergency Medicine in Vancouver in March, the second time the huge meeting has been held in Canada. One highlight was the presence of physicians from several developing countries, including Nepal. The Vancouver meeting attracted the most physicians in the conference's 14-year history. The

Canadian Association of Emergency Physicians was formed 20 years ago, and this country is considered a world leader in the field.

Dr. Kendall Ho, a Vancouver emergency physician and conference cochair, said organizers of emergency medicine meetings face special demands. For instance, because the field attracts many young physicians organizers provided day-care facilities

during the Mar. 25–29 convention. Most of the specialty's oldest members are now in their mid-50s, said Ho, although he knows of a 70-year-old who still practises emergency medicine. He said the problem of burnout for older emergency doctors "is an issue" in the rapidly changing field.

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## Now here's truth in advertising!

Hoax or hyperbole? Actually, the ad shown here is indeed slated to appear in *CMAJ's* classified ad section for the next 6 months. The physician placing it says it provides an honest depiction of what physicians can expect in Fraser Lake, BC.

"I'm not going to try to con people into taking it," said Dr. Albert Kelly. He and his partner, Dr. Alan Gow, work 80 to 130 hours a week. Kelly, 52, has been at it for 22 years, Gow, 18. "We're both bagged," said Kelly. Yet they would gladly stay if the provincial government would give them an on-call stipend so they

could subcontract weekend work and get some help that would allow them to pursue some CME. "This government has told us they will not give us what we want," said Kelly. "They'd rather close the place first." Closure would mean that 4500 area residents would have to drive 60 km to see a doctor.

Kelly said the College of Physicians and Surgeons of British Columbia requires that he try to replace himself by advertising, but he doesn't expect to get any responses. "Who would do this job?" he asks. — *Barbara Sibbald*

**FAMILY PRACTICE BC —**  
Two D & T [diagnostic and treatment] centre-based general practices in small mining/logging town, 160 km west of Prince George. Nearest hospital 60 km, no privileges, no CME, 1 in 2 (first) call, 5 months of snow and temperatures to -50° C. In the event of temporary insanity, call 250 699-6225.

## Jerusalem's history overwhelms some visitors

Every year some 200 foreign tourists arrive at Jerusalem's Kfar Shaul Psychiatric Hospital requiring emergency intervention, and Dr. Yair Bar-El sees them all. About 80% of these patients already have some form of psychiatric disorder, but some 3 dozen will be ordinary tourists whose mental health has been affected adversely by their first encounter with Jerusalem.

Most of the patients are well-educated and well-off North Americans or Western Europeans in their 20s and 30s. They are equally divided between men and women, and most are Protestants. Without warning, and usually 3 to 5 days after their arrival in Jerusalem, they become overwhelmed by the emotional intensity of the city and experience sudden disorientation. Some lose touch with reality and believe they personify a biblical character.

This "Jerusalem syndrome" parallels the development of mass tourism,

and the problem may peak in 2000, when Israel is expecting 5 million pilgrims to mark the new millennium. Bar-El, who has been studying the phenomenon since 1987, says "these are people who grew up in households where the Bible was read daily. They internalized the biblical stories during their childhood, and it stayed with them. They may think of themselves as secular, but have a strong religious upbringing."

The venue of the psychiatric breakdown varies according to tourists' religious background. Christians usually experience it in the Church of the Holy Sepulchre or along the Via Dolorosa, places associated with the trial and crucifixion of Jesus; Jews are usually struck at the Western Wall, the last remnant of the Temple complex, or on the Mount of Olives, from which they believe the dead will be reborn when the Messiah reveals himself.

Treatment involves returning dis-

oriented patients quickly to their families. "We don't try to convince them of anything," said Bar-El. "We just want to return them to themselves, and get them back home." —  
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### Emergency (from previous page)

Almost 200 health care professionals spoke during the meeting, which focused on developing international guidelines for emergency medicine, ethical and social responsibilities, advances in technology and research funding. Many developing countries are now forming emergency medicine associations, a development Ho describes as encouraging.

Issues discussed during the 5-day meeting included "mad cow" disease and lessons learned from the Oklahoma bombing disaster. The meeting highlight was probably the videotaped message from Canadian astronaut Dr. Dave Williams, the first emergency physician slated to head into space. His Space Shuttle flight is expected this spring.

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